INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1006

CERTIFICATE OF DEATH

00985

eg. Dist. No. 282

1. PLACE OF DEATH			2. USUAL RESID	ence (home) of deceas	ED
COUNTY ST. MAR	YS	MARYLAND	STATE MARYL	AND COUNTY ST	. MARYS
CITY (If outside corporete timits, OR and give nearest town)	write RURAL	(in this piece)	CITY (If outside co	orporete limits, write RURAL and give n	earast Iown)
X TOWN LEONARD	TOWN	(in this piece)	TOWN GREAT	MILLS	V
HOSPITAL OR	20111		STREET	(If rural give location	n)
STREET ADDRESS ST. MAR			ADDRESS		*
The second of the second of	INTIGEOH EY		RURAL		
3. NAME OF (first DECEASED	1	Middle)	(Lasi)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) JOY	CE A	INN	BATES	DEATH JAN.	13 156
6. COLOR OR	7. SINGLE, MARRII WIDOWED, DIV		E OF BIRTH		ER 1 YEAR IF UNDER 24 HR
FEMALE WHITE	(Specify) SIN	OKCED,	DTT 10 1055	yrs. Months	
Da. USUAL OCCUPATION (Give kind	of work 10h KIN	D OF BUSINESS	RIL 19. 1955	1	12. CITIZEN OF WHAT
done during most of working life	, even If OR	INDUSTRY	TI. DINTING CALL (DIDIO OF	overgit country;	COUNTRY?
ratired) NONE	-		MARYLAND		USA
B. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
JAMES	R. BATES		GERTRUDE	TAWSON	
. WAS DECEASED EVER IN U. S.		. SOCIAL SECURITY NO.	17. INFORMANT		
	or datas of sarvica)				
NO -				BATES - GREAT MI	
I DISEASES OR CONDITIONS DIREC	TLY LEADING TO DEATH		ERTIFICATION	•	ONSET AND DEATH
1100 V		Bi-Calk	sal un	un oun	The state of the s
4-70 MIMMEDIATE CAUSE	(A)	01 -0000	The first		
ANTECEDENT CAUSE(S)	DUE TO		P		
DISEASES OR CONDITIONS, IF AN	Y, (B)				
GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS	ST. DUE TO				
	(C)				
I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED					
DISEASE OR CONDITION CAUSING					
9a. DATE OF OPERATION	19b. MAJOR FINDINGS	OF OPERATION			2D. AUTOPSY?
					YES NO
TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINE	TH OF INJURY street, o	s, ferm, fectory, office bidg., etc.]	21c, WHERE DID INJURY OC	CUR? (City or town) (Co	ounty) (Stete)
Id. TIME OF INJURY (Month) (De	y] (Yaar) (Hour) 21a. Whil	INJURY OCCURRED	21f. HOW DID INJURY OC	CUR?	
	M. at w				
O I havebee and the state	t assault day to	1110	2. 10 [[]	1.13 ,19 T.6 , that	
alive Oliminiminiminimi	19, and	that death occurred		e causes and on the date sta	
SIGNATURE 6	MATTER	-	A	DRESS (Street, city, town, state)	DATE SIGNE
0 0	NALLAN	M.D.	L	- course d	10 won, 1/2
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or cour	nty) (Stete)
TRANSPORTATION	7 /71 / 54	,		NORTON, VIRGIN	TA
	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTO		ADDRESS
11157	10	NI	DO B	/	
DATE / - 14 70 60 (leasette.	Disaure.	1 State	Lisan - LEO	NARDTOWN, MD.

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CERTIFICATE OF DEATH

SHE SUDDIFFICE OFFICE TO THE RESIDENCE OF A TEACH OF A

BUREAU V. E.

ATTENDED TO THE PARTY OF THE PA

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DECENTED

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ATTENDING PHYSICIAN (MOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1007

CERTIFICATE OF DEATH

00986 No. 28

I. PLACE OF DEATH		2. USUAL RES	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY ST. MARYS	MARYLAND	STATE MARY	LAND COUNTY ST.	MARYS			
City (if outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STA	Y CITY (If outsida	corporate limits, write RURAL and give				
X TOWN RIDGE	(in this bases)	TOWNRIDG	TO THE STATE OF TH	V.			
HOSPITAL OR		STREET	(If rure) give loca	lion)			
INSTITUTION OR STREET ADDRESS		ADDRESS					
KOKOLL	(Middle)	RUR					
DECEASED	(Middle)	(Lasi)	4. DATE (Month)	(Day) (Year)			
(Type or Print) GEORGE	rjk	BISCOE	DEATH 1/	28 156			
	E, MARRIED, 8.	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HR			
MALE COLORED (Speci	6.3	AUG.1. 1877	78 yrs. Mon	ths Days Hours Min			
10a. USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State of		I 12. CITIZEN OF WHAT			
done during most of working life, avan if	OR INDUSTRY	20,0007 437		COUNTRY?			
FARMING 13. FATHER'S NAME	FARM TENANT	MARYLAN		USA			
3. PATREK S NAME		14. MOTHER'S MA	NOEN NAME				
BENJAMIN BISCOE		MARY BA	RNES				
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NO. 17. INFORMAN	T & ADDRESS				
(Yas, no, or unk.) (If Yes, give wer or detas of service NO	a)	CATUTN	BISCOE # RIDGE. N	ARVIAND			
	18, MEDICA	L CERTIFICATION	DIDOUG HIZOUD, I	I INTERVAL BETWEEN			
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	. 1		ONSET AND DEATH			
IMMEDIATE CAUSE (A)	Com	delerric		5 year			
ANTECEDENT CAUSE(S) DUE TO	0						
DISEASES OR CONDITIONS, IF ANY, (B)	June la	alena pole	cross	10 years			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.							
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE							
	INDINGS OF OPERATION			20. AUTOPSY?			
				YES NO			
	CE (Homa, ferm, fectory, Y street, office bldg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(County) (State)			
21d. TIME OF INJURY (Month) (Day) (Yeer) (Ho	ur) 21a. INJURY OCCURRED While Not while A. at work at work	21f. HOW DID INJURY	OCCUR?	41			
22. I hereby certify that I attended th	ne deceased from	26, 1956, to	1-25 1956, th	not I lost some the d			
alive on 26, 1936	100	777	//				
SIGNATURE	, and that deathy occu	rred ar/	The causes and on the date :				
PVB		A +1	he start to the	DATE SIGNE			
23. BURIAL, CREMATION, DATE THEREOF	M.	D. PROF. /	reas ma	1/30/56			
REMOVAL (SPECIFY)	NAME OF CEME	ENT OR CREMATORY	LOCATION (City, town, or a				
BURIAL 2/1/56	ST. PET	TERS CEMETERY	RIDGE, MARY	LAND			
24. REC'D BY REGISTRAR REGISTRAR'S SI	GNATURE 1	25. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS			
1/30/56 MOL	my Mw.	111-81	LEONA	RDTOWN MD.			

BY AROMOTAR METALEN DESIGNATION STATE SALTIMORY, IS

CERTIFICATE OF DEATH

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uted within 24 hours after death.

ATTENDING PHYSICIAN (HOSPITAL: The law requires that the death certificate be.
The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death cartificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00987

1008

PLACE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No.

COUNTY St. Mary's	MARYLAND	STATE Maryla		t. Marvis
CITY (If outside corporate limits, write RURAL OR and give nearest two) or TOWN LEONAT COWN	length of STAY (in this piece) Cays	CITY (II outside corpora	eton Park	ve naarest fown)*
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hos	pital	STREET ADDRESS	(H rural giva loca	
3. NAME OF (First) DECEASED (Type or Print) Nello L	(Middle) ucille B	(Los) loggs	4. DATE (Month) OF DEATH Jan	(Day) (Yeer) 6, 19 56
Female 6, COLOR OR 7, SINGLE, MARR WIDOWED DI (Specify) Ma	rried Jan	.16,1915	AGE last birthday FF (Mor	JNDER 1 YEAR IF UNDER 24 HRS.
10a, USUAL OCCUPATION (Giva kind of work dona during most of working the even if relired) 10b, Kill Occupantion (Giva kind of work dona during most of working the even if relired)	ND OF BUSINESS R INDUSTRY OME	11. BIRTHPLACE (State or foreign North Card	lina	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Archie V. Bullard		Lulla Mae		
IS. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT & A		
(185, 110, 07 unit.) (17 tas, give war or datas or service)	37 = 01 = 160	og Hayden L.	Boggs 21 Ta	Minterval Between
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
19a, DATE OF OPERATION 19b, MAJOR FINDINGS	OF OPERATION			20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c, WHERE DID INJURY OCCUR	(City or town)	(County) (Steta)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, Whi M. 81 w	ila Nol while	NI. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the dece	ased from	195 to 10 hor	6, 10 6, 11	hat I last saw the deceased
	that death occurred at	M, from the ca		
	M.D. NAME OF CEMETERY OF C	hat hil	LOCATION (City, town, or o	DATE SIGNED

ST. SEGUITIAS-HTTANFED THEM TEATED STATE BEAUTION. CERTIFICATE OF DEATH toget ." ptyling attitude to him tyling the SANDSHEET ... Colored alverte eacher - offer 62 40 67 1235 VENEZO LISTOTEL transcell tainers "THE TOTAL DESCRIPTION market 25 amoli, 1907at tech million . 17, 576 Carrother Letter and Land

RUREAU V. S.

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ATTENDING PHYSICIAN (HOSPITAL: The law requires that the death certificate be. The bottom copy may be retained by the hospital or atturding physician.

this this 72 hours after death. After director, the third copy of registrar within by the funeral ÷.5 TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

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1009	KIIIIOAI			eg. Dist. N	10. 3 5 2
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY St Mary's	MARYLAND	STATE Mary	land COUNTY	St Mar	v's
CITY (If outside corporate limits, write RURAL OR end give names town)	LENGTH OF STAY (in this place)	CITY (II outside co	rporete limits, write RURAL e	nd give nearest t	lown)
X TOWN Bushwood	3 yrs		hwood		X.
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		va location)	1
S. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mor		ay) (Year)
		Carter	DEATH J	an.	7. 19 56
5. SEX 6. COLOR OR 7. SINGLE, A WIDOWE (Specify)	Married July	7.1875	9. AGE last birthday	Months D	EAR IF UNDER 24 HRS Bys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even il	OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. 6	OUNTRY?
retired Laborer 13. FATHER'S NAME	Farm	Maryland		U	.S.A.
George Carter		Unkno			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS		
(Yes, no or unk.) (If Yas, give wer or dates of service)	None	Adora C	arter Bus	hwood.	Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO TO THE ABOVE CAUSE DUE TO	ASHD	2 hypost	ztic		INTERVAL BETWEEN ONSET AND DEATH
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	44.				
196. DATE OF OPERATION 196. MAJOR FINDS	NGS OF OPERATION				2D. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, larm, lectory, reel, olfice bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) M.	21e. INJURY OCCURRED While Not while at work st work	211. HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	727, 195		
alive on					
23. BURIAL CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial 1/11/56	Sacred He		Bushwood		land
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	Jos. C. Ma	r's SIGNATURE attingley 1		oress
DAIR / 1/ UU CALLERY	14 / francis how		0-1		

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CERTIFICATE OF DEATH ALLES OF THE PERSON NAMED IN COLUMN TWO BUREAU V. S. Tel and the street of the stre

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The bottom copy may be retained by the hospital or attending physician. TO ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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SEA COLOR			OI DE	~111	Reg. D	ist. No.	20	1
I. PLACE OF DEATH		T I	2. USUAL RESID	ENCE (HOME) O	F DECEA	SED		
COUNTY ST. MARYS	MARYLAND	-	STATE MARYLA	ND cour	ST.	MARYS	3	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	,		rporeta limits, write RUI				_
OR and give neerest town) TOWN SCOTTAND	(In this place) 16 mon	the	TOWNST. IN					
HOSPITAL OR	1 TO MOT	TOTTO	STREET		el giva locali	ioni	Y.	
INSTITUTION OR STREET ADDRESS RURAL			ADDRESS		ar give locali	on)	/	
3. NAME OF (First) (A	Aiddle)	1	Lest)	4. DATE	(Month)	(Day)	seY)	ir)
(Type or Print) BONHAM	š		CLARKE	OF DEATH	1 -	31 -	19 1	56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8.	DATE OF	BIRTH	9. AGE last birthde	y IF UN	DER 1 YEAR	IF UNDER	
MALE WHITE (Specify) SI		AY 19	, 1871	84	yrs. Monti	hs Days	Hours	Mîn.
	OF BUSINESS	11.	BIRTHPLACE (State or f	oreign country)			N OF WHA	AT
and the second s	FARM		MARYLAND			US		
13. FATHER'S NAME			14. MOTHER'S MAID	N NAME				
HENRY C. CLARKE			JULIA F.	YOUNG				
	SOCIAL SECURITY	NO.	17. INFORMANT	& ADDRESS				
(Yas, no, or unk.) (If Yas, give war or dates of service)			THOMAS B.	CLARKE- S	T. INI	GOES.	MD.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL	L CERTI				INT	RYAL BETY	
		4	1			UN.	SET AND D	AIII
4 20 IMMEDIATE CAUSE (A)	mary	10	unais	//			y	w
ANTECEDENT CAUSE(S) DUE TO		2- 7	10	Vo : mi	-	1	n 1/2	-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	So de d		<u> </u>		1		1	-
(C)								
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH,								
196. DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION					2	D. AUTOPS	Y?
						YES	☐ NO	
21b. PLACE (Home, OR CONTRIBUTING ☐ CR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, fica bldg., atc.)	21c.	WHERE DID INJURY OC	CUR? (City or town)	(1	County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. White	INJURY OCCURRED		. HOW DID INJURY OC	CUR?				
M. al wo								
22. I hereby sertify that I attended the decease	sed from	1000	\$ 19574 , 10 A	3/ 195	2/2., the	at I last sa	w the de	ceased
alive on	that death occur	rred al	M, from the	e causes and on I	he date s	tated abov	/e.	
SIGNATURE	M.I.	0	The s	DAKES (Street, city	, town, state		DATE SI	SNED
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETE	The state of the s	REMATORY	LOCATION (City	, lown, or co	unity)	1 (3	State)
BURIAL 2 - 4 - 56	ST. MIC	HAET.	CHMENDRY		MD.			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	my G	1	25. FUNERAL DIRECTO	C'S SIGNATURE	LEONAF	ADDRES:		
DATE 1.4 1/06 1/9	Mederal	m	1101110011	VSON				

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THE CERTIFICATE OF DEATH

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		3. U.I. I.		00000
	ct	MARYLAND STATE DEPARTMENT OF HEALTH	H—BALTIMORE, 18 Reg.	Dist.
	correct	MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH No.	287
		1. PLACE OF DEATH: 2. USUAL	RESIDENCE (HOME) OF DECEASED:	
4.	The	COUNTY / haw & MARYLAND STATE	Misunday COUNTYS, Man	2
h _b	carefully. The	CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (In this place) CITY (In this place) CITY (In this place)	(If outside corporate limits write RURAL and give r	nearest town)
e e	care y and	HOSPITAL OR STREET INSTITUTION OR ADDRESS	(If rural, give location)	
*	information death clearly	3. NAME OF DECEASED: (Middle) Corbin	4. DATE (Month) (Day) (1) OF DEATH 12 22	Year)
	f infordeath	6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 7. 27 // (1) 27 // (2) 27 // (2) 27 // (3) 27 // (3) 27 // (4) 27 // (5) 27 // (5) 27 // (6) 27 // (6) 27 // (7) 27		UNDER 24 HRS.
, S	of	10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired). 11. BIR'	RTHPLACE (State or foreign country); 12. CITIZ	EN OF WHAT
BINDIN	y every item the causes o		HER'S MAIDEN NAME:	-(. 61)
FOR B	ly eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORM. (Yes, no, or unk.) (If Yes, give war or dates of service)	MANT & ADDRESS:	
	Supply	18. MEDICAL CERTIFIC	ICAMIAN	
台		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTE	RVAL BETWEEN
RESERVED	INK. lease	rematurity	Ons	ET AND DEATH
至	E E	Immediate cause (a)	1011 VI W TO THE	7
Ä	<u>ਦੂ </u>	Antecedent cause(s)		J
	ans	Diseases or conditions, If any, (b)		
Ä	Z.	giving rise to the above cause DUE TO stating underlying cause last		
ARGIN	UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
MA		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	_	
	WITH ortant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20.	AUTOPSY?
	M.			Yes 🗆 No 🕽
	ILY, WITH important.	PRIMARY or CONTRIBUTING OF street, office kids, etc., INJURY	rou	State)
	PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work INJURY M. M. work INJURY	OW DID INJURY OCCUR?	
		22. I hereby certify that I took charge of the remains described above,	, held an Autopsy 🕞 Inspection 🖯 , Inqu	iry 🔲 , and
	RITE is es	find that death resulted from: Natural causes , Accident , S	Suicide , Homicide , Undetermined CHIEF MEDICAL EXAMINER DA	d cause [].
23	WE	M.D.	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM	2/16
10	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREM	MATORY LOCATION (City, town, or county)	(State)
5A	PLEA		ERAL DIRECTOR	ADDRESS
A15	PI	REG. 1/56 1/2000 / house of hiz C	: Mitalle my lux lines	ditiz
VS.		in Nance	1 .7 . 11:	7

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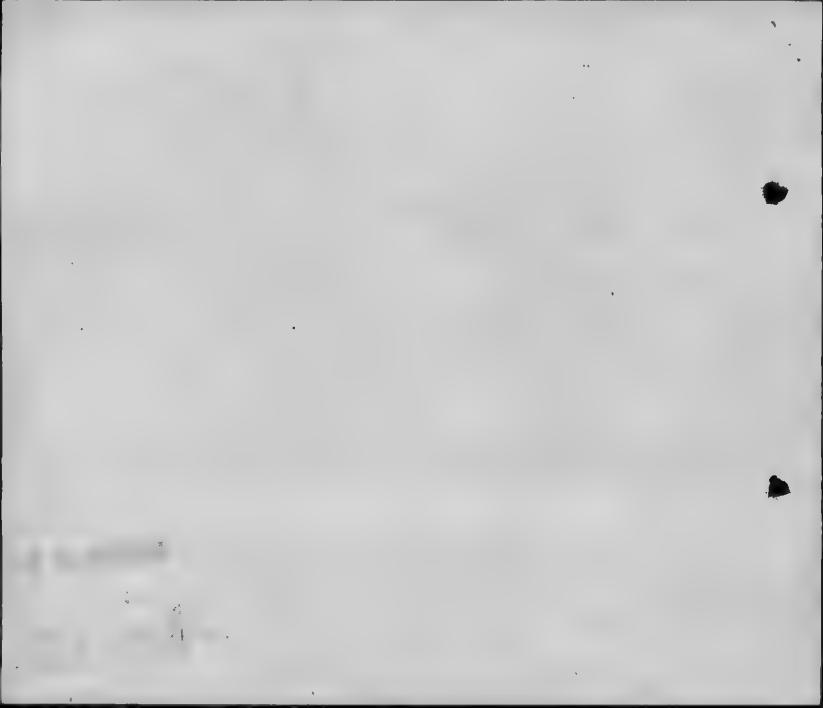
101	5			HEALTH-BALTIMORE,	
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

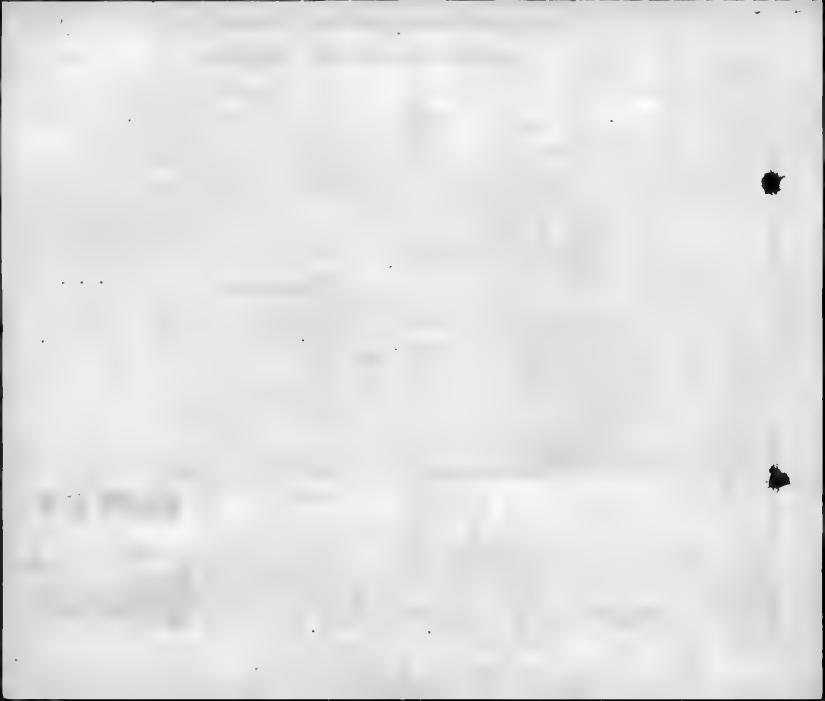
00991 Reg. Dist.

4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2-8

- 1					
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
	county St Mary's Maryland	STATE Maryland COUNTY St Mary's			
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)			
	TOWN Park Hall Life	TÖWN Park Hall			
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)			
ŀ	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
	DECEASED: (Type or Print) Daniel Christopher	Courtney DEATH Jan. 27, 1956			
ı	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.			
	Male Colored Special note May	7 13 1955 yrs. Months Days Hours Min.			
-	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
1	even if retired):	Maryland U.S.A.			
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Ernest C.Courtney	Sadie Butler			
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY No.: [Yes, no, or unk.)] (If Yes, give war or dates of	17. INFORMANT & ADDRESS:			
1	service)	rnest C.Courtney Park Hall, Md.			
ı		AL CERTIFICATION INTERVAL BETWEEN			
-	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH			
V	Immediate cause (a)	Ame - ed -			
	DUE TO				
	Antecedent cause(s) Diseases or conditions, if any, (b)				
	giving rise to the above cause DUE TO				
	stating <u>underlying cause last</u> (c)				
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	g f			
	DISEASE OR CONDITION CAUSING DEATH.				
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?			
	21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	Yes No County) (State)			
į	PRIMARY [] or CONTRIBUTING [] OF street, office bldg, etc CAUSE OF DEATH.				
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	217. HOW DID INJURY OCCUR?			
	OF While at Not while INJURY O M. work at work	for het parted thick.			
		bed above, held an Autopsy [], Inspection [], Inquiry [], and			
		dent P, Suicide , Homicide , Undetermined cause .			
	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.			
	23. BURIAL, CREMATION, DATE THEREOF NAMI - CEMETE	M. D. ASSISTANT MEDICAL EXAM. [] () () () () () () () () () (
1	BEMOVAL (Specify): 1491.	r. A Will Maryland			
	DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
	1-30-06 Han A Huceson	Charles J. MattingTr Leonardtown, Md.			
	10	Canca			





72 hours after death. After this director, the third copy of/this

registrar within by the funeral

in in ¥ith filled

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

within 24 hours after death.

CERTIFICATE OF DEATH

- LEONARDTOWN, MD

00993

			R	eg. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY ST MARYS MAR	RYLAND	STATE MARYLA	ND COUNTY	ST MARYS	
	TH OF STAY	CITY (If outside corpo	orate limits, write RURAL a	and give neerest town)	
	months	mentage 1	TON PARK		
HOSPITAL OR		STREET	(If rurel gi	ive (ocation)	
INSTITUTION OR STREET ADDRESS 118 W RENNELL		ADDRESS 118 W	RENNELL		
3. NAME OF (First) (Middle)		(Last) ,	4. DATE (Mo	inth) (Day)	(Year)
(Type or Print) JAMES HENE	ov	GOODHART	OF DEATH	JAN. 11	19 55/6
5. SEX 6. COLOR OR 7. SINGLE, MARRIED.	8. DATE O		9. AGE last birthday	IF UNDER 1 YEAR	HE UNDER 24 HRS.
MALE WHITE WIDOWED, DIVORCED, (Specify) MARRIED	OCITI	17 1806	61 yrs.	Months Deys	Hours Min.
MALE WHITE MARRIED 100. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUS		. 17. 1894 11. BIRTHPLACE (State or fore			N OF WHAT
done during most of working life, even if OR INDUSTRY retired) SALESMAN BUILBING		WASHINGTON.	n.c.	COUN	
13. FATHER'S NAME 13. FATHER'S NAME	SUFFEI	14. MOTHER'S MAIDEN			
		IDA MASO	NAT .		
BRISCOE GOODHART 15. WAS DECEASED EVER IN U. S., ARMED FORCES? 16. SOCIAL	SECURITY NO.	17. INFORMANT &		118 W Ren	211
[Yes, no, or unk.] (If Yes, give wer or dates of service)	0.01 (001				
YES 7 WW 1 579	}=24=6264	MAY JUICE	GOODHART*		ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CEN	0	0		SET AND DEATH
MMEDIATE CAUSE (A) CS7	rough	y Thwom	vons		5 weeks
ANTECEDENT CAUSE(S) DUE TO	Od all	A	tariose	Carai	104.
DISEASES OR CONDITIONS, IF ANY, (8)		3-9			10 pay
STATING UNDERLYING CAUSE LAST, DUE TO					0
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION				O. AUTOPSY?
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, f.	factory.	21c. WHERE DID INJURY OCCU	IR? (City or town)	(County)	(Stata)
OR CONTRIBUTING CI CAUSE OF DEATH OF INJURY street, office bidg			int four, or lowing	fecomity	(o-cid)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY (21f. HOW DID INJURY OCC	JR?		
M. While at work	Not while at work				
22. I hereby certify that I attended the deceased from	muc.	27, 19.55, 10	and 195	E that I last sa	w the deceased
alive on Jan 11 1956 and that de	eath occurred a	12:25M, from the	causes and on the	date stated above	/e.
BIGNATURE			RESS (Street, clar, to		DATE SIGNED
1 me to faluels	M.D.	Kerman	n took	ma, 1	-14-5%
23. BURIAL, CLIMAT ON, DATE THEREOF NAME REMOVAL (SPECIFY)	OF CEMETERY OR	CREMATORY	LOCATION (City, to		(Stete)
	RLINGTON N	NATIONAL	ARLINGTO	N, VIRGINI	A
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE /		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES:	5

Laure

BUREAU V. E.

3261 71 NAI

DECENTED

BUREAU V. S.

FEB 1 1086

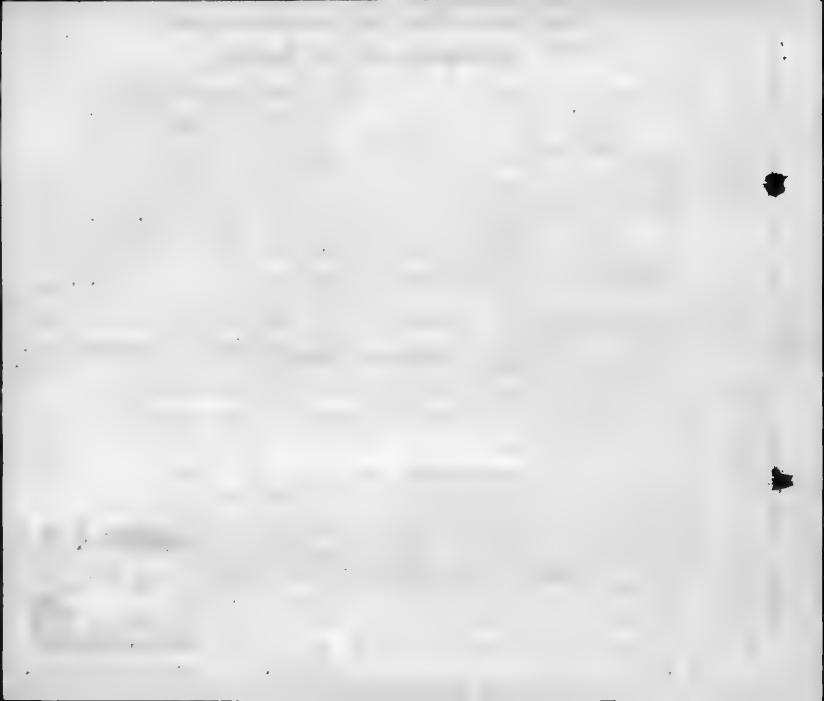
BECEINED

7 ' 🚼	MARYLAND STATE DEPARTMENT OF .	HEALTH—BALTIMORE, 18 Reg. Dist.						
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No.25						
9	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:						
**	COUNTY St Mary's MARYLAND	STATE Maryland COUNTY St. Mary's						
Zib]	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)						
	Town Rural Tail Timbers In this place)	Town Rural Piney Point						
G information carefully. The correct of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS						
ion	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)						
nat	DECEASED: (Type or Print) Joseph Andrew	Jackson Jr. DEATH January 1 1956						
or.	5. SEX: 1 6. COLOR OR 1 7. SINGLE, MARRIED, 1 8. DATI	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.						
infleat	Make White Winowen Divorced, Oct	.10.1935 20 yrs. Months Deed Hours Min.						
T T	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O	R , 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIAT						
N a s	work done during most of work life, even if retired):	U.S.A.						
Supply every item write the causes o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:						
S S S	Joseph Andrew Jackson	Bertie J. Dickerson						
he e	At William Down and Flore to Vice Advance Discount 21	17. INFORMANT & ADDRESS:						
FOR pply te th	(Yes, give war or dates of Security No: (Les, give war or dates of Security No: Service)	Moseph A. Jackson Piney Point . Md.						
T Git		AL CERTIFICATION						
E CO B	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN						
RESERVEE NG INK. Su is: please wi	Immediate cause (a) Fractured of	O LA LA CONSTRUCTION OF THE PARTY OF THE PAR						
E the	Immediate cause (a)							
A C C C C C C C C C C C C C C C C C C C	Antecedent cause(s)							
N CI CI	Diseases or conditions, if any, (b)							
RGIN NFAD (ysicia	giving rise to the above cause DUE TO stating underlying cause last							
MARGIN RES UNFADING Physicians: p	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
E E	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?						
Wi		Yes 🗌 No 🖫						
np,	21s. EXTERNAL CAUSE WAS 21b. PLACE (Ilome, farm, factory PRIMARY POT CONTRIBUTING OF street, office bidg., etc.							
19.5	CAUSE OF DEATH. INJURY	near Jack dimons of Marks Mid						
E E	OF INJURY OCCURRED INJURY OCCU	21t. How DID INJURY OCCUR?						
eci.								
E J		bed above, held an Autopsy 🗌 , Inspection 📜 , Inquiry 🖨 , and dent 📮 , Suicide 🔲 , Homicide 🖂 , Undetermined cause 🗇						
E	SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED						
WR ge	(14th-an-	M. D. DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.						
(F) (S)	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)						
S	Burial (Specify): 1/4/56 St. George	s Valley Lee, Md.						
PLEASE WRITE PLAINLY, WITH age is especially important.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS						
January .	REG. A AMAI	Jos. C. Mattingley Leonardtown, Md.						

5 2: 1

5 M.

THE MENTER OF MARKET



CERTIFICATE OF DEATH

Reg. Dist. No. 21 3

1. PLACE OF DEATH		2. USUAL RESIDENCE (HO	ME) OF DECEASED	
COUNTY St, Mary's	24 4 5 2 2 4 2 2 4 2 4 2 4 2 4 2 4 2 4 2	STATE Florada	COUNTY Pinell	00
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corporate limits,	write RIRAL and give neared	town
OR and give nearest town lywood	(in this plece)	OR		,
	4 months	or recet.		ř
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give location)	
STREET ADDRESS			eview Ave.	South
3. NAME OF (First)	(Middle)	(Lest) 4.	DATE (Month) (D	(Year)
	tina	Lloyd	DEATH Jan. 1,	195
5. SEX 6. COLOR OR 7. SINGLE, MARR	IVODCED I	F BIRTH 9. AGE I	lest birthdey IF UNDER 1 Y	
Female White (Specify) Wi	dowed Augus	t 15,1 8 84 71	yrs. Months D	Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS	11. BIRTHPLACE (State or foreign country	/) 12.	CITIZEN OF WHAT
	R INDUSTRY	Dungton Francisco		COUNTRY?
13. FATHER'S NAME	me i	Preston England	. U.	S.A.
		14. MOTHER'S MAIDEN NAME		
John Green		Mary McHal	e	
	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		-
(Yes, no, or unk.) (If Yes, give war or detes of service)		Llewellyn F.L	Lovd Holly	FM Foors
	IR MEDICAL CER	TIFICATION	TOAG MOTTA	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TO: MEDICKE CER	- / / /		ONSET AND DEATH
IMMEDIATE CAUSE (A)	ougestu	e Heat Ja	eluve	1 mo
245.50	0	7		•
Marchelar Chosels	Cononer	7 / huonton	0	2 mo
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO	Daketi.	melleties		10 year
	C - 0	1 0		0
	General	ged artiros	cuous	10 years
190, DATE OF OPERATION 195, MAJOR FINDINGS	OF ORFRATION		-	20. AULOPSY?
)	OF OFERATION			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, life either, notify medical examiner)		1c. WHERE DID INJURY OCCUR? (City o	or town) (County)	(Stete)
	. INJURY OCCURRED 1	ZIF. HOW DID INJURY OCCUR?		
Wh.	work Not while	^		
		asset Jan 1		
22. I hereby certify that I attended the dece			, 192.465, that I las	
1/ / / /	that dealb occurred at.	10:45 M, from the causes a		
SIGNATURE		~ · · · · · · · · · · · · · · · · · · ·	Steps, city, town, state)	DATE SIGNED
11 5 H. Vahreh	M. D. 04	exungloss "	ry mol-	1-3-56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOCAT	ION (City, town, or county)	(State)
Burial 1/6/56	Memorial	Park St.	Petersburg	Florada
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATUR		DRESS
The straining south of the straining south to				
DATE 5 16 21 12 13	Muly: L	Jos.C.Mattingle	y Leonardt	own, Md.

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DECELVED !

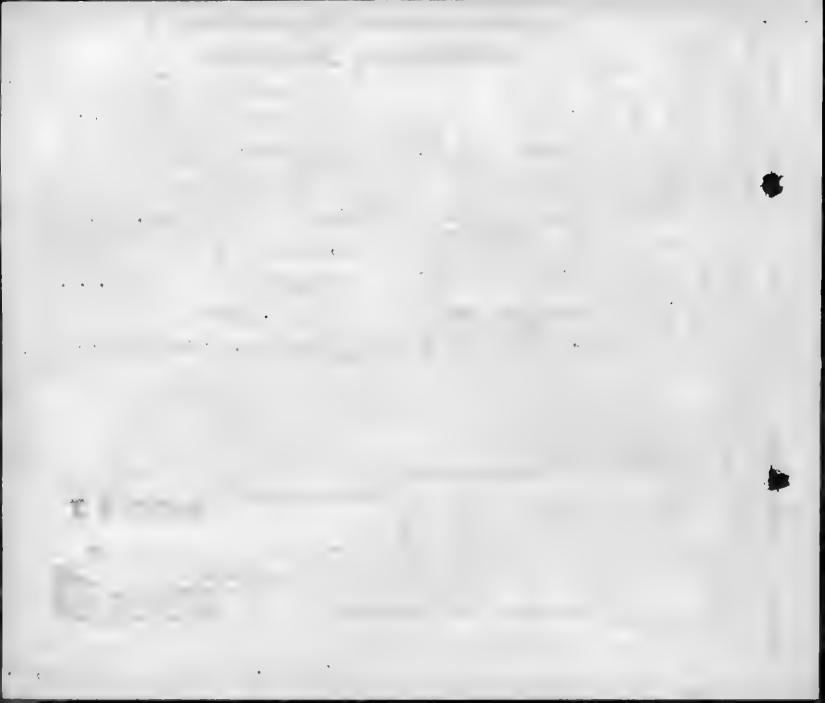
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CERTIFICATE OF DEATH

Reg. Dist. No. 28 7

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASED	
COUNTY St Marv's	MARYLAND	STATE Marvla	and county St M	lamela
CITY (If outside corporate timits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and give near	rest fown)
OR and give nearast lown)	(in this place)	OR TOWN T	1.	
reougn.grown	Life	reonai	rdtown	<u> </u>
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)	,
STREET ADDRESS		Fer	wick	
3. NAME OF (First)	(Middle)	(Lasi)	4. DATE (Month)	(Dey) (Yaar)
(Type of Print) Toponh	Tamont Wat	and the set of	OF DEATH TOWN	24/
5. SEX 6. COLOR OR 7. SINGLE, MAR		tingley	AGE lest birthday IF UNDER	18 19 56 1 YEAR THE UNDER 24 HRS
RACE WIDOWED, I	DIVORCED.	7 011/11	Months	Deys Hours Min.
Male White (Specify) Sj	ingle June	23, 1890	65 yrs. 6	26
10e, USUAL OCCUPATION (Give kind of work 10b, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country) 12	. CITIZEN OF WHAT
	uneral	Maryland		COUNTRY?
3. FATHER'S NAME	miciat	14. MOTHER'S MAIDEN N	JAME 1	U.S.A.
		14. MOTHER 3 MAIDER I	DAME.	
William Clement Mattir		Mary M. H	Havden	
	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no or unk.) (If Yes, give yer or dalas of sarvice)	16 07 -0500	Chanles	L. Mattingly Le	
	18. MEDICAL CER	TIFICATION	TEAUCIUPIA LE	Onardtown
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	c ,	M	STORSTON TO BEATH
MMEDIATE CAUSE (A)	1 or south	Montes	· ·	10 min
ANTECEDENT CAUSE(S) DUE TO	<)			
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196, MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
				YES NO
218. ACCIDENT WAS UNDERLYING 216. PLACE (Ho	me, ferm, factory,	ZIC. WHERE DID INJURY OCCUR	? (City or town) (Coun	rty) (State)
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	, office bldg., alc.)			
21d. TIME OF INJURY (Month) [Dey) (Yeer) [Hour) 21		21f. HOW DID INJURY OCCUR	?	
	work A al work			
			100 000	
22. I hereby certify that I attended the dec	eased from.	193.7, to).4-		last saw the deceased
alive on 3	d that death occurred at	M, from the ci	auses and on the date state	d above.
SIGNATURE	, ()	ADDR	RESS (Street, city, Ipwn, state)	DATE SIGNED
W12/3	M.D.	Lea	sowelle -	1/19/5
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(Stata)
Burial 1/21/56	St Aloysi	110		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR			Leonardtown,	Md.
	7. 1/	25. FUNERAL DIRECTOR'S		ADDRESS
1-23-56 Warrel	Lite was	A Charles J. N	Tattingly Lead	Manager



this side

death.

TE ATTENDING PHYSICIAN

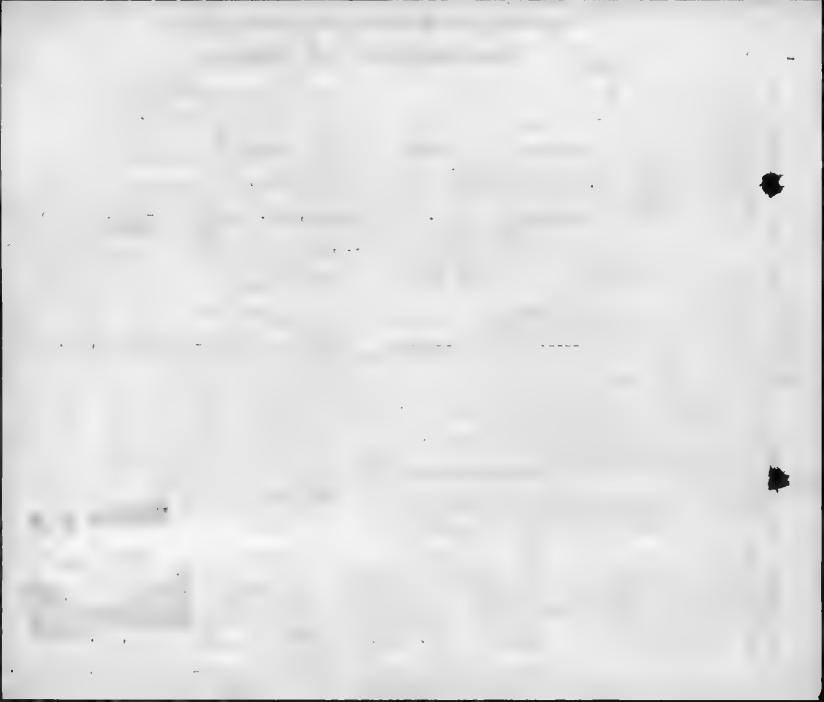
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CERTIFICATE OF DEATH

Reg.	Dist.	No. 282
Do	-1211	***************************************

I. PLACE OF BEATH		Z. USUAL REBIDEN	CE (HOME) OF DECEA	SED
COUNTY ST. MARYS	MARYLAND	STATE MARYLA	UND COUNTY ST.	MARYS
CITY (It autside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpor	ete limits, write RURAL and giva	
OR and give nearest town)	(in this place)	OR TOWN T ENONTHE	DO OUDI	·
A LEUNARUTUMN	30000	LE UNAI		
HOSPITAL OR		STREET ADDRESS	(If sural give locati	on)
STREET ADDRESS ST. MARYS HOS	PTTAT.	RURAL		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)			OF DEATH 3	
BERNARD	M.	NORRIS. SR.	1	19 56
1 RACE WID	OWED DIVORCED	OF BIRTH		IDER 1 YEAR IF UNDER 24 H
MALE WHITE (Spe		V.22. 1865	90 yrr. Month	ns Days Hours Mir
10e, USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	70	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY			COUNTRY?
PARGULING	FARM OF NER	MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
ROBERT NORRIS		VICTORIA	RUSSELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & A		
(Yes, no, or unk.) [If Yes, give wer or detes of serv				
NO		BERTMAN NO	DRRIS - LEONARI	DTOWN, MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING	18, MEDICAL CI	ERTIFICATION		INTERVAL BETWEEN
. O . A				
IMMEDIATE CAUSE (A)	Heart Faile	ore		14 hours
ANTECEDENT CAUSE(S) DUE TO	10'. P			at a
DISEASES OR CONDITIONS, IF ANY, (B)	Virus Prem			1 month
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	0 01,0		#	1
(C)	Fen. Witerioscleros	is + arkenisseler	Mic Henri Olisea	se several year
TO THE DEATH BUT NOT RELATED TO THE	3/			7
DISEASE OR CONDITION CAUSING DEATH,				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
	ACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR	? (City or lown) (0	County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJU	JRY streat, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Yaer) (H		21f. HOW DID INJURY OCCUR	12	
	M. st work St work			
		00 44 4	10 =1	
22. I hereby certify that I attended	the deceased from the factories	20 , 19 17 , to Au	41 17, 19.0 G., the	at I last saw the decea-
alive on Jan. 18, 1956	, and that death occurred	at 3:40 ft M. from the c	auses and on the date s	tated above.
SIGNATURE			ESS (Streat, city, town, state)	
PIGUNIONE			2+ h.	1/2-1-
	uclis	Transas.	Herry Ma	1/2015
Robert T. F.	uchs M.D.	Leonar a		1/20/5
23. BURIAL, CREMATION, DATE THEREO.	F NAME OF CEMETERY C	DR CREMATORY	LOCATION (City, town, or co	
Parter T: 72 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 1/23/	NAME OF CEMETERY OF			
Publis T: Ta	NAME OF CEMETERY OF	DR CREMATORY	LEONARDTOWN	

Lavia



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. HAVAL ARATHEMER (DODNET OF WEITFAREN
COUNTY St. Mary's	STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN Clements (In this place)	h Clements
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) James Edward	Quade DEATH Jan. 2, 19 56
RACE WIDOWED, DIVORCED,	DATE OF BIRTH 9. AGE lost birthdoy IF UNDER 1 YEAR IF UNDER 24 HI Months 2 Pays Hours Min
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RICHARD EDWARD QUADE	RACHEL ANN PILKERTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unk.) (If Yes, give wer or detes of service)	NO. 17. INFORMANT & ADDRESS
(165, 100, of unit.) (it sas, give wer or dates of service)	Richard E.Quade Clements, Md.
DHE TO	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES NO
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, ferm, fectory, OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While et work Solve wo	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slate) 21f. HOW DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While of work 22. 1 hereby certify that 1 attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21f. HOW DID INJURY OCCUR? 1955, to
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, form, fectory, OF INJURY street, office bidg., etc.] 21d. TIME OF INJURY (Month) (Doy) (Yeer) (Hour) M. et work 21e. INJURY OCCURRED While Not while et work Not while et work 21e. INJURY OCCURRED While Not while et work Not wh	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slate) 21f. HOW DID INJURY OCCUR? 19.5., 19.5., that I last saw the decease red at, 19.5., that I last saw the decease of the causes and on the date stated above. ADDRESS (Streat, city, town, state)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while While Not	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? (City or town) (County) (State) 21f. HOW DID INJURY OCCUR? (State) (State) (County) (County) (State) 22f. WHERE DID INJURY OCCUR? (State) (County) (County) (County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1022

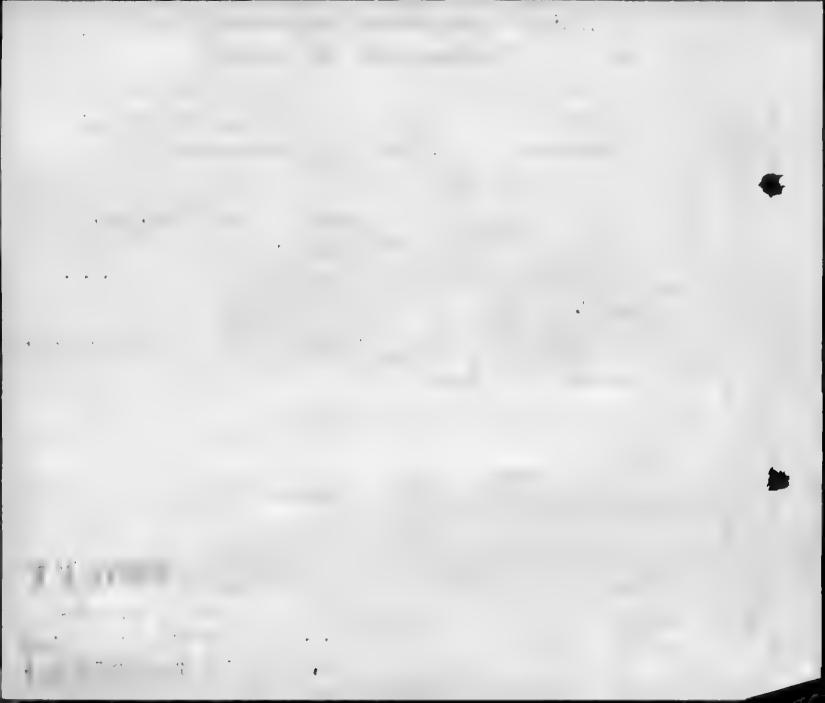
CERTIFICATE OF DEATH

01001

Reg. Dist. No. 282

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county St Mary's Maryland	STATMaryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL and give necrest town) OR
Town Leonardtown 11 days	TOWN
HOSPITAL OR	STREET (II rurel give location)
MINISTRUTION OR STREET ADDRESS St Mary's Hospital	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Erva Ruth	Reck DEATH Jan. 16. 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
	ember 25,79 76 yrs. Mgnths 22 Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) School Teacher Public School	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas F. Foxwell	Rachel Sanner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no prynk.) (If Yes, six yes of deles of service) None	Stephen Foxwell Leonardtown, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	ONSET AND DEATH
174 X IMMEDIATE CAUSE (A) Heart Fathere	1-2 recho
DISEASES OR CONDITIONS, IF ANY, (8) Welling	3-4 mules
STATING UNDERLYING CAUSE LAST. DUE TO	smatos: 5 (Co if referes) 2-3 months
11 OTHER SIGNIFICANT CONDITIONS CONTRIBOTING	many con of hope continues
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19a DATE OF OPERATION 19b MAJOR EINDINGS OF OPERATION 4	-1 4 20. AUTOPSY?
	duce to Carstuma uteri YES NO NO
21e. ACCIDENT WAS UNDERLYING ☐ 1 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while et work	2H. HOW DID INJURY OCCUR?
	, 19 5th , to 4au, 16, 19.56, that I last saw the deceased
22. I hereby certify that I allended the deceased from A	19 4 12 12 10 19
alive on June 10., 1956, and that death occurred at	M. C. M., from the causes and on the date stated above. ADDRESS (Street, city, town, stete) DATE SIGNED
Robert Y. Fuchs M.D.	Leourdform, Md 1/17/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIEY)	
Burial 1/18/56 ST PAUL!	S M.E. Leonardtown, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-17-56 Chand Housing	Jos. C. Mattingley Leonardtown, Md.

Laver



PIAL

1. PLACE OF DEATH

The bottom copy may be retained **ATTENDING PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

01003

_		No.	8	2
Reg.	Dist.	No.	٠٠٠٠٠	

					2	
	COUNTY St Mary's	MARYLAND	STATE Maryla	and county St	Mary's	
	CITY (If outside corporate limits, write RURAL OR and give necrest town)	(in this place)	CITY (if outside corpor OR	ata limits, write RURAL and give r	salest town)	
	* Mechanicsville	Life	TOWN	hanicsville	79	*
	HOSPITAL OR	and the single	STREET	(If ruret give location	n]	
	INSTITUTION OR STREET ADDRESS		ADDRESS		3	- 1
		Msd diel	(Last)	4. DATE (Month)	(Day)	(Year)
	DECEASED	(nada)	(rest)	OF	(DSA)	(1 mar)
			orter	DEATH Jan.	21.	19 56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVE	ORCED.	OF BIRTH 9			UNDER 24 HRS.
	Female Black (Specify)Wid	owed Oct.	12,1872	83 yrs. Months	Days I	Hours Min.
	10a, USUAL OCCUPATION (Give kind of work 10b, KINE	D OF BUSINESS	11. BIRTHPLACE (Stala or foreig	in connity)	12. CITIZEN O	
7	at the control of the	INDUSTRY INDUSTRY	Maryland		COUNTRY!	7
	13. FATHER'S NAME	me	14. MOTHER'S MAIDEN N	IAME	U.S.A.	
	Schley Brown			_		
		SOCIAL SECURITY NO.	Honibbe Rec		Reed	
	(Yas, no, or unk.) (If Yes, give war or datas of service)	SOCIAL SECONITY NO.				
	No None	None	MrsAddele	Holly Mechan	icsvil	le Md
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	RTIFICATION		INTERVA	L BETWEEN
	424 IMMEDIATE CAUSE (A) CA	Les de	stic Cardi	Marculia o	1: 10	410
	DUI TO	+000 ×00	Le y Co Conton	o ary course c	110	1
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)					
	GIVING RISE TO THE ABOVE CAUSE					
	STATING UNDERLYING CAUSE LAST, DUE TO					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7	47.	2		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	/ whenov	any Tuil	~ culour		
	198. DATE OF OPERATION 196. MAJOR FINDINGS O	OF OPERATION	7		20. A	UTOPSY ?
					YES [NO N
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, of		21c. WHERE DID INJURY OCCUR	? (City or town) (C	ounty)	(State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	While		21. HOW DID INJURY OCCUR	.7		
	M. at wo	ork L At work L				
	22. I hereby certify that I attended the decea	sed from Decomposition	1250 10 Jan	2 , 19 b that	I last saw th	ne deceased
	alive on 19 and	that death occurred	at & TR M, from the ca			
10M	BIGNATURE C	1	ADDR	ESS (Straet, city, fown, steta)		TE SIGNED
	Mr on one	M.D.	mecha	wester!	W/13	22/10
A15¢ 1-55	23. SURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY C	R CREMATORY	LOCATION (City, lown, or cou	nly)	(Stata)
4150	REMOVAL (SPECIFY) Burial 1/26/56	Ebenneza	1	New Market.	Maryl	and
\ S \	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1/	25. FUNERAL DIRECTOR'S		ADDRESS	and
	-1-21/056X1	Le mais se	(hamilan I I	Market and the land		202

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The bottom copy may be retained

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

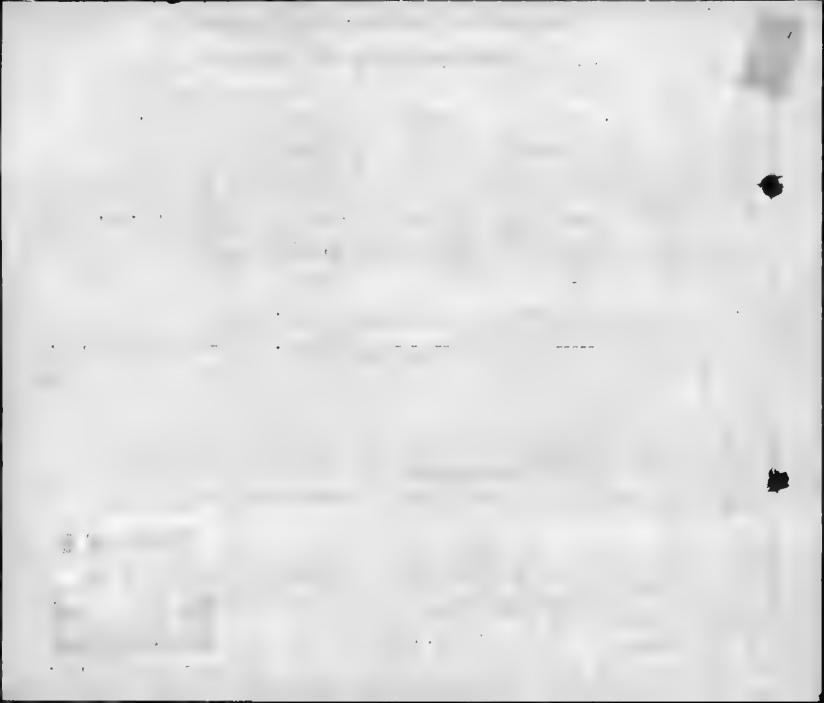
01004

CERTIFICATE OF DEATH

	025						Reg. Dis	it. No.:	- S. 2-
I. PLACE OF DE	ATH				2. USUAL RESID	ENCE (HOME) OF	DECEASI	ED	
COUNTY ST	. MARYS		MARYL	AND	STATE MARYLA	ND COUN	TY ST. 1	MARYS	
CITY (If outside co	rporete limits, wr	ta RURAL	LENGTH O	FSTAY	CITY (If outside cor	porate limits, writa RUR			
OR end give na	CHANICS	TILE	(in this p	lecej	TOWNMECHAN	ICSVILLE			4,5
HOSPITAL OR	01401200				STREET		sl give location	1	X
STREET ADDRESS B	TACIT				ADDRESS RURA				
3. NAME OF	(First)		(Middla)		(Lest)		(Month)	(Day)	(Year)
DECEASED (Type or Print)						OF DEATH		(027)	
	MARY COLOR OR	7. SINGLE, A	LOUISE		SMITH		JAN.	JL,	19 56
	RACE	WIDOWE	D, DIVORCED,	8 DATE OF		9. AGE last birthde	Months	R 1 YEAR	Hours Min.
	OLORED	(Specify)	SINGLE	MARCI	1 30, 1913	i ingere	yrs.		1
10a. USUAL OCCUPATION done during most of			OR INDUSTRY	S	11. BIRTHPLACE (Stata or fo	reign country)		12. CITIZE	N OF WHAT
refired) HOUS	E MATD		DOMESTIC		MARYLAND			US	4
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME			
	STEPHEN	SMITH			MARY L. B	RISCOE			
15, WAS DECEASED EV			16. SOCIAL SEC	URITY NO.	17. INFORMANT 8	ADDRESS			
(Yes, no, or unk.) (If	fes, give wer or o	lates of service)			MARY E. S	MITH - MEC	HANTGST	TLLE.	. MD.
				DICAL CER	TIFICATION			INTE	RVAL BETWEEN
I DISEASES OR COND	TIONS DIRECTLY	LEADING TO DE	ATH	4. 6	P	P.		ONS	ET AND DEATH
* IMMEDIA	TE CAUSE	(A)	6 er	iarci	Lemon	chase		3	urs
	NT CAUSE(S)	DUE TO				V			
DISEASES OR CONDITE	AROVE CALISE	(B)							
STATING UNDERLYING	CAUSE LAST.	DUE TO							
11 OTHER SIGNIFICANT		NTRIBUTING						_	
TO THE DEATH BUT N									
190. DATE OF OPERATI			INGS OF OPERATION	٧				20	. AUTOPSY?
								YES	□ NO X
OR CONTRIBUTING C	AUSE OF DEATH		(Homa, ferm, fector reat, office bidg., etc		1c. WHERE DID INJURY OCC	CUR? (City or town)	(Co	unty)	(Stata)
21d. TIME OF INJURY	(Month) (Day)	(Yaar) (Hour)	21s. INJURY OCCL	JRRED 2	III. HOW DID INJURY OC	CUR?			
		M,		yprk					
22. I hereby ce	rtify that I a	ttended the	deceased from	اد عا	1956 , to Ja	ma. 3./ 19.5	SG., that	I last say	w the deceased
alive on	~3/	19 \$ 6	and that death	occurred at	M, item the				
SIGNATURE	00	4 100	7.4			DRESS (Street)			PATE SIGNED
	the only			M.D.	1-1-mai	ucoriell,	, me		1/31/56
23. BURIAL, CREMAPIC REMOVAL (SPECIFI		TE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City,	lown, or coun	ly)	(Stelle)
BURIAL	2	131	56 ST.	JOSEPH (CEMETERY	MORGAN	ZA. MAI	RYLAN	D
24 DECID BY DECISTO	D I DEC	STOADIC SIGNIA	TIPE		L DE CIDICOAL DIDECTOR	C CLCS1671107		1 D D D I C C	

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Flan S. Hauser



The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

registrar within the funeral

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01005

		0	-	-	-	
			-0	Q	2	
Reg.	Dist.	No		8	۲	

2. USUAL RESIDENCE (H	OME) OF DECEASED	
CITY (If outside corporate limit	COUNTY ST. IV	ary's
OR		
s Piney Poi	nt	X
STREET	(If rurel give location)	- 1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
(Lost) 4.	DATE (Month)	(Year)
h 7 d	OF DEATH -	
	Utilia 6	1 1956
		YEAR IF UNDER 24 HR.
2.28.1908 47	yn.	110013
11. BIRTHPLACE (State or foreign count	ry) 12.	CITIZEN OF WHAT
Maryland	II	S.A.
	100	U.A.
	er	
9965 Genevieve F.	Sterling Pi	nev Point
ERTIFICATION		INTERVAL DETWEEN ONSET AND DUAGH
1 11-0		ONSET AND DUAGH
, plantfacta	w	I would
		,~
Copies		5 year
1		J
		20. AUTOPSY?
		YES NO
21c. WHERE DID INJURY OCCUR? (City	or town) (County	(State)
1 21f. HOW DID INJURY OCCUR?		
	4. 7	
\$ 100 5 to Mar. 1	1 10 6 4 2 . 1 1	
3 1955 to Jan 2		
at/.QAM, from the causes :	and on the date stated	
at/.QAM, from the causes :		above.
at./.OA.M, from the causes ADDRESS	and on the date stated (Street, city, town, state)	above.
at./.OA.M, from the causes ADDRESS	and on the date stated	
OR CREMATORY LOCA	and on the date stated (Street, city, town, state)	DATE SIGNED
OR CREMATORY LOCA	and on the date stated (Street, city, town, state) TION (City, town, or county) conardtown,	DATE SIGNED
31	STATE Maryland CITY (If outside corporate limit of TOWN Piney Pois STREET ADDRESS (Lost) Sterling ATE OF BIRTH 9. AGE 11. BIRTHPLACE (State or foreign count Maryland 14. MOTHER'S MAIDEN NAME Ruth E. Camalia 17. INFORMANT & ADDRESS 9965 Genevieve F. CERTIFICATION 21c. WHERE DID INJURY OCCUR? (City 21c. How DID INJURY OCCUR?)	CITY (If outside corporate limits, write RURAL and give neers) OR TOWN Piney Point STREET (If rurel give location) (Lost) 4. DATE (Month) OF DEATH Jan. 2 ATE OF BIRTH 9. AGE lest birthday If UNDER 1 11. BIRTHPLACE (State or foreign country) 12. Maryland 14. MOTHER'S MAIDEN NAME Ruth E. Camalier D. 17. INFORMANT & ADDRESS 9965 Genevieve F. Sterling Picketter (City or town) CERTIFICATION 21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR?

Waves

MAKY LINES STATE DOPAT TRENT OF BLASS SALES AND STATE OF STATE

CENTRAL WOLLD THE SECRET

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THE RESIDENCE OF STREET

Test of the contract the contract of the contract of

BUREAU V. E.

3261 28 NAL



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Lend Seros L. Bowline

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Sept.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death cartificate bar filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

OK HOSPITAL: The law requires that the death certificate

ATTENDING PHYSICIAN

VS A15C 1-55 10M

2000324406

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1027

CERTIFICATE OF DEATH

01006

		-
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY St Mary's MARYLAND	STATE Maryland COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL end give neerest fown) OR	
OR and give needest town) Nown Rural Mechanicsville 4 days	TOWN Rural Mechanicsville	1
HOSPITAL OR	STREET (If rural give location)	-
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) Joseph Yo	rkshire DEATH Jan. 4. 19 56	6
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
Male Colored WIDOWED, DIVORCED, Specify Single Dec. 3	1,1955 yrs. Months Days Hours A	Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY retired)	COUNTRY?	
13. FATHER'S NAME	Maryland U.S.A.	
	14. MOTHER'S MAIDEN NAME	
James T. Yorkshire	Mary A. Medley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yas, give wer or dates of service]	17. INFORMANT & ADDRESS	
fresh took on activity (11 real) State And on design as season.	James T. Yorkshire Mechanicsvill	le.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEE ONSET AN ODEA.	N TH
MM 21 1	was to with a state of	٥.
IMMEDIATE CAUSE (A)	and and	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	_
24. A CONTAIN MARCH LIMITERS WIND TO LOOK BLACK III	YES NO	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 2	rif. HOW DID INJURY OCCUR?	
M. et work at work		
22. I hereby certify that I attended the deceased from	6. 19.55 to 3 for 19.5 h, that I last saw the decea	ased
alive on	SISAM, from the causes and on the date stated above.	
BIGNATURE OF A CAN	ADDRESS (Street, city, town, liete)	IED.
Hosein Z. dell M.O.	Machanicsville me 1/4/	56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, lown, or county) (Smith	•)
Burial \ 1/4/56 St Joseph	's Morganza, Maryland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE 1-4-56 Heart Housers.	Jos. C. Mattingley Leonardtown, Md.	

Lames

CERTIFICATE OF DEATH The transplant of Live Strange Contr. a DPINE WHEN TO BE LEADING THE REST WAS A SECOND 9 NAL A PIMBOD SO DEVAL LE TELEM